

**COMMONWEALTH OF MASSACHUSETTS
BOARD OF REGISTRATION IN NURSING
239 Causeway Street, Room 417A
Boston, MA 02114**

**Minutes of the Regularly Scheduled Board Meeting
Wednesday, July 9, 2014**

Board Members Present

S. Kelly, RN/NP, Chair
K. Gehly, RN/NP, Vice Chair
M. Beal, RN/NM
P. Gales, RN
J. Killion, LPN
A. Peckham, RN
E. Richard Rothmund, Public Member
C. Simonian, PharmD, RPh
S. Taylor, RN
C. Tebaldi, RN/NP

Board Members Not Present

B. Levin, RN

Board Staff Present

H. Cambra, RN, JD, Complaint Resolution Coordinator
A. Fein, RN, JD, Complaint Resolution Coordinator
V. Iyawe, RN, SARP Coordinator
D. Mclellan, RN, SARP Coordinator
C. Robertson, RN, Deputy Executive Director
C. Silveira, RN, Assistant Director for Policy and Research
M. Strachan, JD, Board Counsel
L. Talarico, RN/NP, Nursing Practice Coordinator
T. Westgate, Paralegal

Board Staff Not

Rula Harb, RN, Executive Director
Sarah Varghese, RN, Education
O. Atueyi, JD, Board Counsel

Guests

See attached list.

TOPIC:

Call to Order & Determination of Quorum

DISCUSSION:

A quorum of the Board was present.

ACTION:

At 9:02 a.m., S. Kelly, Chairperson, called the July 9, 2014, Regularly Scheduled Board Meeting to order.

TOPIC:

9/10/2014 9 Jul 14 Regular Minutes
(Approved 09/10/2014)

Approval of Agenda

DISCUSSION:

None

ACTION:

Motion by E. R. Rothmund, seconded by P. Gales, and unanimously passed to approve the agenda as presented.

TOPIC:

Approval of Board Minutes for the June 11, 2014 Meeting of the Regularly Scheduled Board Meeting

DISCUSSION:

M. Strachan recommended amending the meeting minutes to correct typo on page 5. It reads unanimously passed to promulgate, to read "unanimously voted to promulgate the proposed amendments...."

ACTION:

Motion by K. Gehly seconded by J. Killion and unanimously passed to accept the Minutes of the June 11, 2014, Regularly Scheduled Board Meeting as amended.

TOPIC:

Reports

A. Executive Director's Report

B. Staff Report

1. Deputy Executive Director
2. Policy and Research
3. Practice
4. Education
5. Complaint Resolution
6. SARP
7. Probation Monitor

DISCUSSION:

A. Executive Director's Report: No report provided.

B. Staff Reports:

1. Member's reviewed C. Robertson's previously distributed memo. Ms. Robertson provided information on the number of nursing complaints with the Board.
2. No report provided.
3. Members reviewed L. Talarico's previously distributed memo. Ms. Talarico provided a synopsis of the Joint Commission's July 16, 2014 issuance of a sentinel event alert identifying the misuse of single-dose/single use vials. Additionally, Ms. Talarico encouraged Board members to cascade to their professional colleagues information pertaining to the MOLST project as it continues to expand throughout the Commonwealth.
4. Members reviewed S. Varghese's previously distributed memo. Ms. Silveira provided a brief summary of comments made by Dr. Patricia Benner, Director, Carnegie Foundation for the Advancement of Teaching's Study of Nursing Education during the 7/8/14 conference call hosted by the National Council of State Boards of Nursing.

5. Board members reviewed A. Fein's and H. Cambra's previously distributed report. A. Fein, CRC reminded members that the power point slides for the 5th and last live, CLEAR webinar module, *Assessing Competence* are available for their review upon request.
6. Members reviewed V. Iyawe's and D. McLellan's previously distributed report
7. Members reviewed K. Fishman's previously distributed report.

ACTION:

- A. So noted.
 - B. So noted.
-

TOPIC:

Consensus Agenda

- A. NCSBN Update
- B. Coalition for the Prevention of Medical Errors Update

DISCUSSION:

- A. Members reviewed L. Talarico's previously distributed memo. Ms. Talarico provided a synopsis of highlights of Health Resources and Services Administration's Nurse Practitioner 2012 survey. Among the key findings:
 - The average age within the NP workforce was 48 years.
 - Approximately 94 percent of the NP workforce held a graduate degree, and of the six percent without a graduate degree, most of these NPs received training before 1992.
 - Certification in a primary care population (e.g., family, adult/gerontology or pediatric), was held by 76 percent of the NP workforce, with nearly half of the NP workforce certified as a family NP.
 - Results indicated that 96 percent of NPs reported working in a clinical practice, providing direct patient care. Less than 3 percent of the NPs held faculty positions, approximately 1 percent worked in administrative positions, approximately one-third practiced in hospitals and more than half of the NPs reported working in ambulatory care settings in their principal NP positions.
- B. The Coalition for the Prevention of Medical Errors did not meet in June.

ACTION:

- A. Accepted by consensus
 - B. Accepted by consensus
-

TOPIC:

Pending Board Staff Assignment: **In the Matter of O. Lemaire**, RN2271193, SA-INV-5252.

This staff assignment was opened based on information obtained by the MA Board of Nursing (Board) from NURSIS identifying that on 09/09/2013, the Licensee's Rhode Island nursing license was disciplined by the Rhode Island Board of Nursing. Specifically, the Rhode Island Board reprimanded the Licensee's Rhode Island nursing license by Consent Order effective 09/09/2013 based on her permitting another registered nurse who was not an authorized employee of VNA of RI to make a home care visit on 1/23/13 to a patient of the VNA of RI, whom the Licensee had agreed to visit and provide nursing services. During the investigation, the Licensee and the executive director of the RI Board clarified that the Licensee had made the visit, but had allowed a registered nurse employed by another agency who she was precepting at the time to accompany her to the RI VNA's patient's home. The Board members considered all of the evidence obtained during the investigation relevant to the Licensee's alleged improper nursing practices and any mitigating factors, and concluded that the following is substantiated:

1. In violation of 244 CMR 9.03 (5), (16), (17) and (47) while licensed to practice as an RN in Massachusetts, the Rhode Island Board of Registration in Nursing reprimanded the Licensee's RI nursing license effective 9/9/13 based on the Licensee's allowing a nurse employed by another agency (who she was orienting at the time while she was also on-call with that other agency) to accompany her on a home visit to a VNA patient without valid authorization.
2. As of 5/14/14 the RI Board of Nursing website lists that the Licensee's RI RN license is current, with a discipline history that includes the above-referenced Reprimand and does not designate any restrictions on her license.
3. The following mitigating factors exist:
 - a. The Licensee independently disclosed that the nurse she was orienting at the time who was employed by another agency had accompanied her on the home care visit to the patient of the VNA of RI.
 - b. The Licensee has demonstrated that she accepts responsibility and accountable for the above referenced practice breakdown.
 - c. This practice breakdown appears to be a single incident and does not show the conduct to be a pattern of practice behavior.
 - d. The Licensee has been licensed since 4/5/11 by the Board and has not had any other Staff Assignments or any complaints filed with the Board.

DISCUSSION:

None

ACTION:

Motion by K. Gehly, seconded by M. Beal and voted unanimously to:

- A. Adopt the CRC's recommended basis for action on the Staff Assignment including the existing aggravating and mitigating circumstances in accordance with the CRC section of the Investigation Report.
- B. CLOSE the Staff Assignment without further action as a complaint and further action by the Board is not warranted based on consideration of all the circumstances set forth above.

TOPIC:

Regulations

- A. Proposed Revisions to 244 CMR 4.00 Relative to Advanced Practice Registered Nurses - Post August 2013 Public Comments/Testimony

DISCUSSION:

Members reviewed L. Talarico and M. Strachan's previously distributed report summarizing the comments received during the public hearing on the proposed revisions to 244 CMR 4.00 relative to Advanced Practice Registered Nurses, addressing the comments received during the August 2013 Public Comment period, and providing an explanation for recommendations by Board staff for changes to the draft regulations.

Referencing the report, Ms. Talarico reviewed the following issues raised during the Public Comment period:

1. **BORIM Consultation and Concurrence**
Five groups representing physicians attended the hearing and/or submitted testimony. As a threshold matter, each questioned whether the Board of Registration in Nursing (Board) followed proper procedures when proposing amendments to APRN regulations. Specifically, the physician

groups questioned whether the Board consulted with BORIM as required by law. Board staff is confident that it has complied with the requirements of M.G.L. c. 112 § 80B. Referencing Attachment 2 of the report, Ms. Talarico explained that representatives of the Board met with representatives of BORIM numerous times beginning in 2005 to specifically discuss the regulations and to draft certain sections. Both staffs shared and commented on written drafts, proceeding line by line until consensus was reached. BORIM formally voted to concur with the proposed changes to the APRN regulations at its November 11, 2011 board meeting.

2. Physician Supervision of APRNs

Many physician groups submitted comments stating that the Board exceeded its statutory authority when it proposed to amend the APRN regulatory language, especially as it pertains to physician supervision of APRN practice. Ms. Talarico explained that M.G.L. c. 112 § 80B clearly authorizes the Board of Registration in Nursing to define APRN practice through regulations. It does not authorize any other entity to define or to regulate nursing practice. Further, M.G.L. c. 112, § 80B requires that the Board promulgate a particular subset of its regulations, in particular, those related specifically to prescriptive practice, jointly with the BORIM. It does not authorize physician supervision of APRN practice. The Board and BORIM moved with extreme caution in 1994 when drafting language for the first time for both BORN APRN regulations and the BORIM regulations regarding physician supervision of APRNs. The resulting regulatory language went beyond the strict requirements of M.G.L.c. 112. The Board's regulatory revisions will correct this unnecessary language and clarify that physician supervision and guidelines are required for prescriptive practice only.

3. CRNA Prescriptive Practice

On July 29, 2010, Governor Deval Patrick signed An Act Relative to Nurse Anesthetists (Chapter 191 of the Acts of 2010) to allow CRNAs to prescribe controlled substances in the Commonwealth. The Act amended M.G.L. c. 94C, §§ 7 and 9 and established M.G.L. c. 112, § 80H which authorizes CRNA prescriptive authority during the peri-operative period with physician supervision of the CRNA pursuant to written guidelines. Ms. Talarico explained that although the 2010 amendment to the CRNA regulations authorized prescriptive authority for CRNAs, it did not *require* CRNAs to exercise that authority to perform their jobs. Therefore, Board staff is recommending that the Board amend the proposed regulations to clarify language that when the CRNA practices without registration issued by DCP and the DEA, the CRNA must administer anesthesia to a patient pursuant to a physician's medication order in accordance with M.G.L. c. 94C and related regulations at 105 CMR 700.000: *Implementation of M.G.L. c. 94C* based on protocols that identify the types of medications and parameters for use of the medications, the CRNA selects those medications most appropriate for the patient and the setting. "Protocols" are physician orders developed mutually between the CRNA and the supervising physician.

4. Definition of Healthcare System

The MA Medical Society and the American Congress of Obstetricians and Gynecologists suggested in their respective testimonies that the Board define the phrase "healthcare system" as used in the proposed regulations at 244 CMR 4.06(2)(b). Ms. Talarico explained that, given that this new section of M.G.L.c. 112 employs the phrase "health care system" and in an effort to make nursing regulations as clear and precise as possible, staff is recommending that the Board amend the proposed CNM regulatory language to define the phrase and add it to the definition section of the proposed regulations at 244 CMR 4.02 as:

“Any corporation, partnership, business trust, association or organized group of persons, which is in the business of health care services; provided that the definition shall include but not be limited to, physician organizations, physician-hospital organizations, independent practice associations, provider networks, accountable care organizations and any other person or organization that contracts with Carriers or Third-party Administrators for payment for Health Care Services.”

5. Educational Requirements – Certified Nurse Midwife

The Board received a comment from one licensee with regard to initial CNM educational requirements in the proposed CNM regulations. The commenter noted that in the Commonwealth, there currently exists only one program that prepares RNs for CNM practice (Baystate Medical Center in Springfield). That program provides training but does not grant a graduate degree. The CNM training program at Mercy Medical Center collaborates with an accredited degree granting local college and the *college* awards the graduate degree. In order to provide clarification, Board staff is recommending that the Board amend the language as follows:

“Graduation from a program designed to prepare the graduate for practice as a CNM that is approved by a national accrediting organization for academic programs acceptable to the Board, and attainment of a health-related graduate degree.”

6. Authorization of a New APRN Category: Clinical Nurse Specialist

Multiple nurses and their professional groups provided testimony supporting the Board’s decision to join with other jurisdictions in recognizing CNS as a category of APRN based upon the national NCSBN Consensus Model. Some individual licensees who intend to apply for authorization to practice in the CNS category testified that they are concerned that the Board set the bar too high when establishing CNS educational and certification eligibility criteria. More specifically, twelve individuals submitted testimony relative to nurses currently employed in a role titled CNS verbalizing their concern that the educational and/or certification requirements of the revised regulations may prohibit those currently holding a CNS job title to continue employment in the role. Ms. Talarico explained that the Consensus Model requires that a candidate for CNS practice meet specific requirements. S/he must hold a graduate degree from an accredited institution that prepares the RN for CNS practice; the candidate must complete at a minimum, three separate, comprehensive *graduate-level* courses in pathophysiology; advanced health assessment; and pharmaco-therapeutics; and, following graduation, candidates must achieve a passing grade on a certification examination through an accredited certification organization. Ms. Talarico also noted that some nurses who are currently employed in the job title of CNS may have certifications in specific specialty areas and/or a graduate education and still not meet Consensus Model educational and certification requirements. Board staff is recommending that the Board include a grandfather clause authorizing CNS practice for those CNS applicants who have a graduate degree from an accredited program that prepared the applicant for CNS practice, and hold current certification from an organization that currently meets NCSBN standards to have met the educational requirements through December 31, 2016.

7. Global Signatory Authority for Nurse Practitioners

Some physician groups submitted comments asserting that M.G.L.c.112, § 80B requires the Board to consult with BORIM before promulgating any regulations regarding a CNP’s authority to certify qualified patients for medical marijuana use. Recently, the Legislature amended M.G.L.c. 112 by inserting section 80I which authorizes CNPs to sign or certify documents “when relating to physical or mental health” of a patient. Although the Board is not required to promulgate regulations to implement this section of the statute, given its relevance to APRN practice, the

Board issued guidance to APRNs in the form of an advisory memo published on the Board's webpage on June 13, 2013. In addition, on January 1, 2013, Chapter 369 of the Acts of 2012, *An Act for the Humanitarian Use of Medical Marijuana*, became effective. This Act, and the regulations promulgated pursuant to the Act at 105 CMR 725.000, allows a physician licensed in Massachusetts to provide a "written certification" for a qualifying patient to use marijuana for medical purposes. Ms Talarico explained that, whereas Board regulations implementing M.G.L.c. 112 § 80B authorize APRNs to order tests and therapeutics and to prescribe medications pursuant to written guidelines mutually developed and agreed upon between the APRN and a physician supervising the APRN's prescriptive practice, issuing a written certification of marijuana for medical use authorizes access to a controlled substance and is thus analogous to prescribing medication. As such, it is not an expansion of the scope of practice for a CNP. Consequently, since M.G.L.c. 112 § 80I authorizes CNPs to sign or certify documents "when relating to physical or mental health" of a patient, CNPs may certify patients for the medical use of marijuana. Board staff is recommending that, since such certification is analogous to issuing a prescription, the proposed regulations should clarify that CNPs may issue these certifications, like prescriptions, pursuant to mutually agreed upon guidelines between the CNP and physician supervising the CNP's prescriptive practice. Furthermore, the plain language of 80I, which allows the certification of documents by CNPs is consistent with the Medical Use of Marijuana regulations found at 105 CMR 725.010 and CNPs will have to meet the same requirements as the physicians. Such revision does not change or expand a CNP's authority to make medication available to patients, but rather clarifies that certification for medical use of marijuana must be done pursuant to mutually agreed upon guidelines between the CNP and the physician supervising the CNP's prescriptive practice. Consequently, the Board is not required to consult with BORIM on this particular part of the APRN regulations.

ACTION:

1. Motion by K. Gehly, seconded by M. Beal, and unanimously passed to, in addition to clerical and non-substantive changes, proceed to promulgation proposed 244 CMR 4.00 with amendments as follows:
 - a. Include a definition of "Health Care System".
 - b. Remove the phrase "for a health care situation, or resolving a health care problem" from the definition of guidelines. The new definition states, "Guidelines mean written instructions and procedures describing the methods that an APRN with prescriptive practice is to follow when managing medications and that specifies those instances in which referral to or consultation with a physician is required for appropriate medication management. When appropriate, guidelines shall also address procedures for the ordering of tests and therapeutics".
 - c. Add language to 4.06 that clearly differentiates the practice of those CRNAs who choose to engage in prescriptive practice and the practice of those CRNAs who do not. To clarify the practice of the CRNA without prescriptive authority, add: "A CRNA who does not register for prescriptive authority administers anesthesia pursuant to the signed order of a registered prescriber. Such CRNA may select anesthetic agents based upon protocols that are mutually developed with a physician responsible for the perioperative care of a patient, as appropriate for the practice setting, and which specify the parameters for dosage, strength, route of administration and dose interval."

- d. Amend the educational requirements for initial CNM authorization to reflect the current educational requirement of the American Midwifery Certification Board (AMCB) that requires attainment of a health related graduate degree, but does not require that the graduate degree be attained from the program that prepares the nurse for CNM practice.
- e. Amend the initial CNS eligibility requirements to include the following: “Effective until December 31, 2016, the Board will accept current CNS certification granted by a Board-recognized certifying organization as equivalent to 244 CMR 4.05(5)(a)(3)(b). The CNS who is authorized by the Board on the basis of this equivalent competency will be eligible to renew his or her authorization under 244 CMR 4.05(5)(b).
- f. Replace the word “standards” with “regulations” when describing the purpose of 244 CMR 4.07 to more accurately reflect the Board's intention. “Standards” are developed by national professional organizations.
- g. Add language in 4.07 that clearly identifies that the prescriptive practice of a CRNA is limited to the immediate perioperative care of a patient in order to accurately reflect M.G.L.c. 112 § 80H.
- h. Move reference to “malpractice insurance” from 244 CMR 4.07 into its own section, extending the requirement to all APRN with direct patient care responsibilities.

M. Strachan requested that the Board re-affirm its approval to amend the proposed amendments to 244 CMR 4.00 on an emergency basis, previously approved on June 11, 2014 related to prescribing hydrocodone-only extended release medication for inclusion in 244 CMR 4.00 after the Public Comment period should Board staff not make recommendations based on public testimony.

Motion by E. Richard Rothmund, seconded by J. Killion, and unanimously reaffirmed amending proposed emergency regulatory revisions at 244 CMR 4.00 after the Public Comment period (scheduled to commence July 18, 2014), should Board staff not make recommendations based on received public testimony, as follows:

“4.28: Prescribing Hydrocodone-only extended release medication

Prior to prescribing a hydrocodone-only extended release medication that is not in an abuse deterrent form, a licensee must:

- (a) Thoroughly assess the patient, including an evaluation of the patient’s risk factors, substance abuse history, presenting condition(s), current medication(s) and a check of the online Prescription Monitoring Program;
- (b) Discuss the risks and benefits of the medication with the patient;
- (c) Enter into a Pain Management Treatment Agreement with the patient that shall appropriately address drug screening, pill counts, safe storage and disposal and other requirements based on the patient’s diagnoses, treatment plan, and risk assessment;
- (d) Supply a Letter of Medical Necessity as required by the Board of Registration in Pharmacy that includes the patient’s diagnoses and treatment plan, verifies that other pain management treatments have failed, indicates that a risk assessment was performed and that the licensee and the patient have entered into a Pain Management Treatment Agreement; and
- (e) Document 244 CMR 4.28(a)-(d) in the patient’s medical record.

The purpose of 244 CMR 4.28 is to enhance the public health and welfare by promoting optimum therapeutic outcomes, avoiding patient injury and eliminating medication errors. Nothing in 244 CMR 4.28 shall alter the standard of care a licensee must use when prescribing any Schedule II, III or IV controlled substance.”

TOPIC:

Education

- A. 244 CMR 6.04(1)(c) & (f) Notification
 - 1. Mildred Elley School Practical Nursing Program
 - 2. Northeastern University School of Nursing
- B. 244 CMR 6.08(1)(h) Evaluation
 - 1. Medical Professional Institute Practical Nurse Program

DISCUSSION:

- A.1. Members reviewed Ms. Varghese’s previously distributed memo which was presented by Ms. Silveira. Annette Jeffes, Director, Mildred Elley School, Pittsfield Campus, who was present, responded to Ms. Gales’ question regarding an alternative administrator appointment; Ms. Jeffes reported that the Chairperson of the Practical Nurse Program at the New York City campus has volunteered to assume the administrator role on the Pittsfield campus and that a plan is being developed that will include travel to the Pittsfield campus at regular intervals as well as conference via Skype with the Pittsfield campus faculty.
- A.2. Members reviewed Ms. Varghese’s previously distributed memo which was presented by Ms. Silveira.
- B. 1. Members reviewed Ms. Varghese’s previously distributed memo which was presented by Ms. Silveira. Paul Jones, Director, Practical Nurse Program, Medical Professional Institute, responded to Board member and staff questions. He noted that he plans to hire more full-time faculty as well as provide incentives for part-time faculty to regularly participate in faculty meetings. Ms. Gales commented that the report he submitted was comprehensive. Ms. Taylor suggested that on-line resources be made available to assist in incorporating part-time faculty.

ACTION:

- A. 1. Motion by E.R. Rothmund, seconded by P. Gales, and unanimously passed to:
 - 1. Find that:
 - a. Dr. Patricia Newman’s nursing experience does not include at least three years of nursing education experience required at 244 CMR 6.04(2)(a) 3 for appointment as the administrator of the Practical Nurse Program, Mildred Elley School, at this time; and
 - b. Mildred Elley Practical Nurse program has not complied with 244 CMR 6.04(1)(c) in its appointment of Dr. Newman as program administrator.
 - 2. Direct the Mildred Elley School Practical Nurse Program to demonstrate compliance with 244 CMR 6.04(1) (c) effective no later than September 9, 2014, by submitting a written notice to the Board of the appointment of either an interim or permanent administrator qualified under 244 CMR 6.04(2)(a). Such notification must be received by the Board by no later than August 22, 2014.
 - 3. In the event it is unable to demonstrate compliance with 244 CMR 6.04(1)(c) effective no later than September 9, 2014, during the Board’s September 10, 2014, meeting, change the approval status of the Mildred Elley School Practical Nurse Program from Initial Approval to Approval

with Warning status, specifying a time frame in which the regulatory deficiency at 244 CMR 6.04(1)(c) is to be corrected.

A.2. Motion by E.R. Rothmund, seconded by P. Gales, and unanimously passed to find compliance with 244 CMR 6.04(1)(c) and (1)(f) in the appointment of Pamela J. Burke, PhD, RN, Interim Dean, School of Nursing, Northeastern University, effective July 1, 2014.

B.1. Motion by E.R. Rothmund, seconded by P. Gales, and unanimously passed to accept the 2013 NCLEX-PN® performance evaluation report submitted by the Practical Nurse Program (Program), Medical Professional Institute, finding the Program has provided satisfactory evidence of compliance with 244 CVMR 6.04(3)(a)2, 6.04(4)(a) and (b), and 6.04(5)(a) through (5)(f).

TOPIC:

Flex Session

A. Announcements

B. Topics for Next Agenda

DISCUSSION:

A. C. Robertson reminded the Board Members of the upcoming Hearing on July 18, 2014 @ 10:00am at 239 Causeway Street, Boston, MA room 417; and, the 'Special' Board Meeting on August 13, 2014 to vote to promulgate the Emergency Hydrocodone Regulations.

ACTION:

None

TOPIC:

G.L. c.30A, §21 Executive Session

DISCUSSION:

None

ACTION:

Motion by P. Gales seconded by M. Beal, and unanimously passed by roll call vote to go into Executive Session at 9:56a.m. as per Purpose One of G.L. c.30A, §21 (a)(1).

G.L. c. 30A, § 21 Executive Session 9:56 a.m. to 10:05 a.m.

TOPIC:

Adjudicatory Session

DISCUSSION:

None

ACTION:

Motion by E.R. Rothmund, seconded by J. Killion, and unanimously passed by roll call vote to go into Adjudicatory Session at 10:05 a.m. to discuss decisions in pending adjudicatory matters.

Adjudicatory Session 10:05 a.m. to 10:42 a.m.

Break 10:43 a.m.-10:54a.m.

TOPIC:

G.L. c. 112, s. 65C Session

DISCUSSION:

None

ACTION:

Motion by J. Killion, seconded by P. Gales, and unanimously passed by roll call vote to go into G.L. c. 112, s. 65C Session at 10:54 a.m. to discuss negotiated settlements of complaints.

G.L. c. 112, s. 65C Session 10:54 a.m. 12:45 p.m.

TOPIC:

Adjournment

DISCUSSION:

ACTION:

Motion by E.R. Rothmund, seconded by J. Killion, and unanimously passed to adjourn the meeting at 12:45 p.m.

Respectfully submitted by:



Caron Robertson, MSN, RN, Deputy Executive Director
Board of Registration in Nursing

Agenda with exhibits list attached

COMMONWEALTH OF MASSACHUSETTS

**NOTICE OF THE REGULARLY SCHEDULED MEETING OF THE
BOARD OF REGISTRATION IN NURSING**

July 9, 2014
239 Causeway Street ~ Room 417 A&B
Boston, Massachusetts 02114

PRELIMINARY AGENDA AS OF 7/2/2014 9:45 AM

Time	#	1. Item	Exhibits	Presented by
9:00 a.m.	I.	2. CALL TO ORDER & DETERMINATION OF QUORUM	None	
	II.	APPROVAL OF AGENDA	Agenda	
	III.	APPROVAL OF BOARD MINUTES A. Draft Minutes for the June 11, 2014 Meeting of the Board of Registration in Nursing, Regular Session	Minutes	
	IV.	REPORTS A. Executive Director's Report B. Staff Report 1. Deputy Executive Director 2. Policy and Research 3. Practice 4. Education 5. Complaint Resolution 6. SARP 7. Probation Monitor	None Report None Report Report Report Report Quarterly Report	RH CR CS LT SV AF/HC VI/DM KF
	V.	CONSENSUS AGENDA A. NCSBN Update B. Coalition for the Prevention of Medical Errors Update	Memo None	LT
	VI.	COMPLAINT RESOLUTION A. Resolution of Pending Board Complaints B. Resolution of Pending Board Staff Assignments 1. O. Lemaire, RN2271193, SA-INV-5252	None Investigation Report	 MFS/ASF
Tentatively Scheduled 9:00 a.m.	VII.	REGULATIONS A. Proposed Revisions to 244 CMR 4.00 Relative to Advanced Practice Registered Nurses - Post August 2013 Public Comments/Testimony	Memo	LT/MS

	VIII. EDUCATION A. 244 CMR 6.04(1)(c) & (f) Notification 1. Mildred Elley School Practical Nursing Program 2. Northeastern University School of Nursing B. 244 CMR 6.08(1)(h) Evaluation 1. Medical Professional Institute Practical Nurse Program	Memo Memo Report	SV SV SV
	IX. REQUESTS FOR LICENSE REINSTATEMENT	None	
	X. PRACTICE	None	
	XI. FLEX SESSION A. Announcements B. Topics for Next Agenda		
	XII. HEARINGS	None	
9:45 a.m.	XIII. EXECUTIVE SESSION The Board will meet in Executive Session as authorized pursuant to M.G.L. c.30A, § 21(a)(1) for the purpose of discussing the reputation, character, physical condition or mental health, rather than professional competence, of an individual, or to discuss the discipline or dismissal of, or complaints or charges brought against, a public officer, employee, staff member or individual. 1. Specifically, the Board will discuss and evaluate the Good Moral Character as required for registration for pending applicants. 2. Specifically, the Board will discuss and evaluate the reputation, character, physical condition or mental health, rather than professional competence, of licensees relevant to their petitions for license status change. 3. Specifically, the Board will discuss and evaluate a request by a licensee for a waiver of licensure renewal requirements due to ongoing medical issues. 4. Specifically, the Board will discuss and evaluate pending disciplinary complaints that involve patient records and treatment of patients. 5. Approval of prior executive session minutes in accordance with M.G.L. ch.30A, § 22(f) for sessions held during the June 11, 2014 meeting.	CLOSED SESSION	
	XIV. ADJUDICATORY SESSION (M.G.L. ch. 30A, § 18)	CLOSED SESSION	
	XV. M.G.L. c. 112, § 65C SESSION	CLOSED SESSION	
12:30 p.m.	XVI. ADJOURNMENT		